
**North Carolina State Health Coordinating Council
Home Health Task Force
Draft – Background/Utilization Trends
For March 24, 2008 Task Force Meeting
(The following may be supplemented prior to or during the Task Force's
discussion.)**

Except for changes made for the 2003 and 2005 North Carolina State Medical Facilities Plans (SMFP), the methodology utilized in the 2008 SMFP was first used in the 1996 SMFP. The change for the 2003 SMFP clarified that the "placeholder" adjustment applies to the need determinations made based on Policies and that the adjustment applies to the county for which the need determination was made. The change for the 2005 SMFP was to raise the deficit threshold for a need determination from 250 patients to 400 patients. This change was the result of a Task Force that was appointed to make recommendations for the 2005 SMFP. Attached (Attachment A) is the report of that Task Force. As noted in the attached Task Force report, recommendations were also made regarding policies and data. The recommendations regarding policy changes were adopted and the recommendation regarding data has continued to be followed.

Two SMFP's have contained need determinations based on the standard methodology since the 1996 SMFP. The 2005 SMFP identified a need determination for Mecklenburg County and the 2007 SMFP identified a need determination for Wake County.

The Proposed 2004 SMFP, which was published in the summer of 2003, contained need determinations for Mecklenburg and Guilford Counties. Three petitions and several comments were received during the public comment period on the Proposed SMFP. Regarding the need determination for Mecklenburg County, a petitioner provided amended utilization information for their home health agency in Mecklenburg County. The amended information was incorporated into the need determination methodology and resulted in no need determination for Mecklenburg County based on the standard methodology. The Guilford need determination was removed based on there being an adjusted determination of no need for additional home health agencies or offices in the 2004 SMFP. This adjustment was made in light of the Task Force referenced above to study the home health need determination methodology for the 2005 Plan.

There have been determinations based on petitions, comments and Policy. The 1996 SMFP, in response to petitions and comments, contained adjusted need determinations for one new Medicare-certified home health agency or office in each of the six Health Services Areas (HSAs) in the State and noted that priority consideration would be given to Certificate of Need applicants addressing at least one area of special need in accordance with Policy C.3. Specialized services were identified in Policy C.3 as nursing home patients in transition to the community, HIV/AIDS patients, Alzheimer's Disease/senile dementia patients, or underserved patients in rural counties.

The 1997 SMFP, in response to petitions and comments, also contained an adjusted need determination for one new agency or office in each of the six HSAs. The SMFP indicated that applicants for the adjusted need determinations shall demonstrate: they propose to address the

needs of a least one of the special needs groups (same groups as 1996 with the addition of racial minorities); propose to serve, during its first operating year at least 50 patients who are members of the special need groups; and, that either: agencies currently serving the geographic area are not meeting the needs of the groups proposed to be served or the proposed agency/office will offer new or innovative services not currently being offered by agencies that serve the proposed area.

The 1998 SMFP, in response to petitions and comments had a need determination for one new agency/office to be located in Cumberland, Hoke, Robeson or Scotland County, to address the special needs of persons who are HIV+ and persons with AIDS from this four county area.

The 2000, 2001, 2002 and 2003 SMFPs contained need determinations for Pamlico County based on an SMFP Policy which allowed for a need determination if there was not a Medicare-certified home health agency office located within a County. The 2002 SMFP also contained a need determination for Montgomery County based on this Policy.

Based on a recommendation of the Home Health Task Force which met in 2004, a new Policy HH-3 was included in the 2005 SMFP. Based on this Policy, the 2009 SMFP may have a need determination for a new agency/office in Granville County.

Overview Information: Attached are the following in an attempt to provide general overview information.

1. Home Health Patients per 1000 Population by Age Group for Years 2000 to 2006 - (Attachment B)
2. Projected Surplus/Deficit in Home Health Patients Which Will Need Home Health Services as indicated in 2004 through 2008 State Medical Facilities Plans and Five Year Average Surplus/Deficit - (Attachment C)
3. Use Rate/1000 Population for 2006 and Average Annual Rate of Change in Use Rate/1000 for 2004-2006 by Age - (Attachment D)
4. Home Health Agencies/Offices Reporting Serving Patients by Council of Governments Region and County and Number per 10,000 Population - (Attachment E) *(Note: There are no physical limitations on the number of persons that can be served by a particular home health agency within its identified service area. For example, a hospital with 100 licensed beds has the physical limitation of 100 beds. A home health agency does not have this same type of physical limitation.)*
5. Home Health Agencies/Offices Reporting Serving Patients by County and Number per 10,000 Population Sorted by County Population - (Attachment F)
6. Home Health Agencies/Offices by Council of Governments Region and Number of Agencies/Offices per 10,000 population - (Attachment G)
7. Home Health Agencies/Offices by Health Service Areas and Number of Agencies/Offices per 10,000 population - (Attachment H)
8. N.C. 2008 License Application for Home Care, Nursing Pool, and Hospice and Home Health Agency 2008 Annual Data Supplement to License Application. (Attachment I)

HOME HEALTH TASK FORCE
Report to Long-Term and Behavioral Health Committee of the
State Health Coordinating Council

On September 24, 2003, based on the recommendation of its Long-Term and Behavioral Health Committee, the State Health Coordinating Council authorized the formation of a Home Health Methodology Task Force to make recommendations for the 2005 State Medical Facilities Plan.

A twelve member Task Force was formed and met twice. The group included Council member Charles Hauser as Chairman, and Council members Timothy Rogers and Jerry Parks. Also included were representatives of Medicare-Certified Home Health Agencies, Home Care Agencies (not Medicare-Certified), a physician and consumer members of the public. Resource persons were also available representing the Division of Aging, Division of Medical Assistance, and the Division of Facility Services' Certificate of Need and Licensure and Certification Sections. The meetings were open to and attended by members of the public.

At its first meeting, the Task Force considered a variety of information and topics. Three issues were identified for further discussion; namely, data needs with respect to visits and the methodology, the 250 patient threshold for a need determination with respect to visit information, and policies with regard to need determinations in counties that do not or will not have an agency office in the county. There was consensus that there is no question regarding the need for continued certificate of need regulation.

At its second meeting, the Task Force formulated the following recommendations. It is noted that the three basic principals governing development of the State Medical Facilities Plan were considered in the development of these recommendations. The principals concern promotion of cost effective approaches, expanding services to the medically underserved, and encouraging quality services.

Recommendation Regarding Policies

The 2004 State Medical Facilities Plan contains two policies regarding need determinations for new Medicare-Certified home health agency offices in counties that do not have a home health agency office or will not have an agency office located in the county due to closure of the only existing agency in the county. Attached are the policies as published in the Plan. With slight language differences, what is now Policy HH-2 first appeared in the 1991 SMFP as Policy C.6. Policy HH-3 was added in the 2000 Plan. Based on a review of Plans since 1991, there have only been two counties, Montgomery and Pamlico, that have had need determinations based on policy. The 2000, 2001, 2002 and 2003 Plans contained need determinations for Pamlico County. It was not until 2003, that Certificate of Need (CON) applications were filed for the Pamlico need determination. The 2002 Plan contained a need determination for Montgomery County. CON applications were filed in 2002 and an agency office has been opened in

Montgomery County. Based on a review of the 2004 Plan, there were 44 counties with only one agency office physically located in the County. With the addition of Montgomery County, there would be 45 counties with only one agency office.

Recommendation: The Task Force recommends that Policy HH-2 be deleted and Policy HH-3 be revised to incorporate distance and population as factors in determining if there would be a need determination. The recommendation is viewed as being cost-effective in that it may allow providers to avoid administrative expenses associated with maintaining small offices in rural counties. It could also enhance service delivery by not having resources devoted to office maintenance. Further, as both policies address CON need determinations in the event the only agency in a county closes, the policies could be viewed as being duplicative and Policy HH-3 is more administratively straight-forward.

Policy HH-3 with recommended revisions noted in italics follows:

“When a county has no Medicare-certified home health agency office physically located within the county’s borders, and the county has a population of more than 20,000 persons; or, if the county has a population of less than 20,000 persons and there is not an existing Medicare-Certified Home Health Agency Office located in a North Carolina County within 20 miles, need for a new Medicare-Certified home health agency office in the county is thereby established through this policy. The “need determination” shall be reflected in the next annual State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the County seat of the county in which there is no agency.)”

Populations of less than 20,000 can be viewed as being more rural in nature and the use of 20 miles is reasonable in terms of defining access to existing services and from an operational standpoint.

Based on population projections from the North Carolina Office of State Budget and Management there are 18 counties with projected populations of less than 20,000 persons in 2004. The counties are: Alleghany, Avery, Bertie, Camden, Chowan, Clay, Gates, Graham, Hyde, Jones, Mitchell, Pamlico, Perquimans, Polk, Swain, Tyrrell, Washington, and Yancey. If Pamlico were to be evaluated now under the policy as revised above, there would not have been a need determination for Pamlico because the population of Pamlico is less than 20,000 (based on 2004 projection) and there are existing agency offices in counties less than 20 miles from the county line to the Pamlico County seat. Regarding Montgomery County, there would have been a need determination since the 2004 projected population of Montgomery County is more than 20,000 persons. If the policy was modified as above and a County’s sole agency

office closed and there was no need determination based on the policy, persons may petition the State Health Coordinating Council for an adjusted need determination for the County.

Recommendation Regarding Methodology

The deficit threshold has been 250 patients since 1996. Viability of a Home Health agency was a factor considered in selecting 250 patients as the threshold for a need determination for the 1996 Plan. The Task Force considered changes in the reimbursement system since 1996 and information related to viability in considering its recommendation to increase the deficit threshold. Viability of existing and new agencies can contribute to cost effective care to the under served in a quality manner.

Recommendation: The Task Force recommends that the methodology be revised to raise the deficit threshold for a need determination from 250 patients to 400 patients and that this be re-evaluated for the 2007 State Medical Facilities Plan.

Information indicated that a new stand alone agency may require 500 patients to be financially feasible. While there was sufficient support at the Task Force meeting to recommend 500 as the threshold, there was unanimous support for recommending a 400 patient deficit threshold. It is noted that 400 is comparable to the median number of patients reported served by agencies in the county in which the agency office is located. The median number of patients served by agencies is over 500. It is also noted that the current methodology calls for a 400 patient placeholder for a new agency.

Recommendation Regarding Data

A topic of comments and petitions on the 2004 Proposed Plan was that the methodology utilize visits rather than patients. While the Task Force considered the use of visit data, it was recognized that limited visit data was available. Visit data is reported on the License Renewal application under payor source and staffing. The data does not indicate the County of patient origin or patient age with regard to visits.

Recommendation: The Division of Facility Services and the Association for Home and Hospice Care of North Carolina continue to work on identifying additional data needs for the Annual Home Health Licensure Application and data supplement. The Association will work with Association members regarding data needs.

Other Considerations

The Task Force considered a proposed policy submitted by a Task Force member that, in summary, called for a need determination on a rotating five year cycle in counties with over 100,000 population that have not shown a need determination in the past five years. The CON would only be available to currently licensed home care agencies that had an office in the county for a minimum of two years. The rationale presented in support of the proposal included: provision of more choice; potential for more services for the consumer; increased quality; more innovation; reduced costs; and, allow for new providers without providers having to purchase existing agencies and, thereby, lower start

up costs. It was noted that 25 counties had a 2005 projected population over 100,000 and that for some of those counties, the number of offices either located in the county or serving the county exceeded the state ratio. Also noted was that some of the counties had utilization rates for the 65 and over population that exceeded the utilization rate for the State or Councils of Governments. The Task Force member indicated a willingness to increase the population threshold to 200,000.

Concern was expressed that such a policy may weaken the standard methodology in the long term and have an adverse effect on existing agencies and access to quality care. A majority of the Task Force voted to not recommend the proposed policy. It was noted that petitions for need determinations may be made and that since it is being recommended that the need determination threshold be re-evaluated in two years, this may be something that the Task Force member may want to pursue at that time.

It was also noted that based on the Task Force's discussion of issues and proposals, it is noted that the Home Health methodology may need to be evaluated more frequently.

**EXCERPT - 2004 State Medical Facilities Plan - CHAPTER 4
STATEMENT OF POLICIES**

**POLICY HH-2: NEED DETERMINATION UPON TERMINATION OF COUNTY'S
SOLE MEDICARE-CERTIFIED HOME HEALTH AGENCY**

When a home health agency's board of directors, or in the case of a public agency, the responsible public body, votes to discontinue the agency's provision of Medicare-Certified home health services and to decertify the office; and

(A) the agency is the only Medicare-Certified home health agency with an office physically located in the county; and

(B) the agency is not being lawfully transferred to another entity;

need for a new Medicare-Certified home health agency office in the county is thereby established through this policy.

Following receipt of written notice of such decision from the home health agency's chief administrative officer, the Certificate of Need Section shall give public notice of the need for one Medicare-Certified home health agency office in the county, and the dates of the review of applications to meet the need. Such notice shall be given no less than 45 days prior to the final date for receipt of applications in a newspaper serving the county and to Medicare-Certified home health agencies located outside the county reporting serving county patients in the most recent licensure applications on file.

**POLICY HH-3: NEED DETERMINATION FOR AT LEAST ONE MEDICARE-
CERTIFIED HOME HEALTH AGENCY PER COUNTY**

When a county has no Medicare-certified home health agency office physically located within the county's borders, need for a new Medicare-Certified home health agency office in the county is thereby established through this policy. The "need determination" shall be reflected in the annual State Medical Facilities Plan.

Home Health Patients per 1000 Population by Age Groups for Years 2000 to 2006. Prepared for the North Carolina State Health Coordinating Council Home Health Task Force meeting of March 24, 2008.

Year	Under Age 18			Ages 18-64*			Ages 65-74			Ages 75 and older		
	Population	# Patients	Patients /1000 Pop.	Population	# Patients	Patients /1000 Pop.	Population	# Patients	Patients /1000 Pop.	Population	# Patients	Patients /1000 Pop.
2000	1972661	5386	2.73	5048549	37425	7.41	534398	31636	59.20	438277	69558	158.71
2001	2004478	5256	2.62	5125365	37036	7.23	536242	30188	56.30	448372	67290	150.08
2002	2033146	6056	2.98	5200555	40840	7.85	537711	30235	56.23	457010	66875	146.33
2003	2055560	6621	3.22	5270407	44403	8.42	540752	30805	56.97	463879	68279	147.19
2004	2080521	6962	3.35	5348156	49342	9.23	547094	33464	61.17	470165	72222	153.61
2005	2109638	7249	3.44	5442165	52346	9.62	557502	34992	62.77	477882	74691	156.30
2006	2148411	7617	3.55	5567023	55815	10.03	570782	35934	62.96	488768	79733	163.13

Sources: Population figures from North Carolina Office of Budget and Management; # Patients as reported in 2004, 2005 and 2008 North Carolina State Medical Facilities Plans.

* Population adjusted to exclude estimated active duty military for any county with more than 500 active duty military personnel.

Projected Surplus/Deficit in Home Health Patients Which Will Need Home Health Services as Indicated in 2004 Through 2008 State Medical Facilities Plans and Five Year Average Surplus/Deficit. Prepared for North Carolina State Health Coordinating Council Home Health Task Force meeting of March 24, 2008.

ATTACHMENT C

COUNTY	2004 Plan	2005 Plan	2006 Plan	2007 Plan	2008 Plan	Five Year Average Surplus / Deficit
	Surplus or Deficit ***	Surplus or Deficit ***	Surplus or Deficit ***	Surplus or Deficit ***	Surplus or Deficit ***	
	Deficit**	Deficit**	Deficit**	Deficit**	Deficit**	
Cherokee	-1	-5	1	9	-9	-5
Clay	-2	-3	-2	8	-17	-6
Graham	-1	0	6	2	4	2
Haywood	12	10	12	2	17	10
Jackson	4	-4	-4	-6	-11	-6
Macon	-5	-6	3	-14	-12	-7
Swain	4	1	3	0	4	1
Region A Totals	-2	-13	15	-41	-31	-14
Buncombe	-20	-38	-6	-61	4	-24
Henderson	-35	-73	-64	-88	-21	-58
Madison	0	-1	0	10	7	-1
Transylvania	-20	-13	-10	-29	-17	-18
Region B Totals	-76	-127	-83	-168	-28	-101
Cleveland	-48	-56	-62	-52	9	-46
McDowell	-31	-31	-32	-30	-32	-31
Polk	-14	-13	-14	-13	-7	-12
Rutherford	-34	-30	-31	-38	-9	-28
Region C Totals	-132	-134	-142	-138	-62	-122
Alleghany	1	-8	-5	-6	-4	-5
Ashe	-7	-17	-13	-12	-5	-11
Avery	-1	-19	-21	-18	1	-12
Mitchell	0	-13	-11	-5	6	-5
Watauga	-20	-22	-12	-11	2	-13
Wilkes	-19	-52	-42	-33	11	-27
Yancey	-4	-9	-6	-13	-9	-8
Region D Totals	-49	-141	-109	-101	-10	-82
Alexander	-15	-42	-44	-64	-26	-38
Burke	-14	-59	-19	-16	31	-15
Caldwell	7	-51	-53	-63	-18	-35
Catawba	0	-118	-99	132	-64	-83
Region E Totals	-19	-270	-214	-274	-80	-171
Anson	33	27	27	29	95	42
Cabarrus	23	-51	-70	45	-4	-29
Gaston	103	66	112	104	275	132
Iredell	-24	-70	84	-77	-15	-54
Lincoln	-18	-43	38	-35	20	-23
Mecklenburg	176	-440	48	-57	341	-57
Rowan	60	32	88	138	307	125
Stanly	33	20	33	52	110	50
Union	-11	-108	-219	-210	-178	-145
Region F Totals	-38	-700	-226	-288	725	-105
Alamance	-45	10	-30	29	17	-19
Caswell	-13	-2	5	6	13	2
Davidson	-93	-56	-93	-106	26	-75
Guilford	-339	-134	179	257	-150	-212
Montgomery	381	385	210	-13	-1	193
Randolph	-108	-78	-97	-104	-43	-86
Rockingham	-11	20	1	32	61	21
Region G Totals	-232	117	-205	-496	-137	-191
Davie	-19	27	-34	-33	-36	-30
Forsyth	-33	-82	-58	-46	-75	-59
Stokes	-35	30	-10	7	1	-16
Surry	-30	-21	22	14	62	9
Yadkin	-22	-16	2	1	10	-5
Region H Totals	-138	-181	-80	-76	-50	-106
Chatham	16	-6	-15	-1	3	-1
Durham	172	65	62	123	171	119
Johnston	-4	-48	-38	-15	11	-19
Lee	10	9	30	19	39	21
Moore	7	11	11	28	63	20
Orange	6	14	5	25	69	18
Wake	243	-394	-359	-405	-38	-288
Region I Totals	-54	-395	-287	-187	365	-111

COUNTY	2004 Plan Surplus or Deficit (***) Deficit)	2005 Plan Surplus or Deficit (***) Deficit)	2006 Plan Surplus or Deficit (***) Deficit)	2007 Plan Surplus or Deficit (***) Deficit)	2008 Plan Surplus or Deficit (***) Deficit)	Five Year Average Surplus / Deficit
Franklin	17	-14	-57	-73	-38	-33
Granville	8	-12	41	43	-17	-21
Person	14	-4	-20	-32	0	-9
Vance	28	7	-6	-4	13	8
Warren	1	0	-4	-10	28	3
Region K Totals	66	-22	-123	-159	-13	-50
Edgecombe	31	5	28	29	13	21
Halifax	17	-3	14	5	13	9
Nash	-6	-40	-33	-60	-74	-42
Northampton	2	-5	10	-4	-9	-1
Wilson	7	-26	-17	-49	-72	-31
Region L Totals	47	-73	-7	-89	-130	-50
Cumberland*	-54	-100	-93	-125	-98	-94
Harnett*	-29	-51	60	-90	55	-57
Sampson	-25	-25	0	-36	-4	-18
Region M Totals	-108	-184	-169	-259	-176	-179
Bladen	-14	-9	-5	12	19	1
Hoke*	-33	-42	-67	-50	-64	-51
Richmond	18	18	36	40	37	30
Robeson	-67	-56	-59	8	5	-34
Scotland	-2	1	-26	8	9	-2
Region N Totals	-94	-94	-108	5	6	-57
Brunswick	42	-101	-144	-75	-216	-116
Columbus	35	53	170	185	234	136
New Hanover	-15	-61	-6	41	74	7
Pender	-21	-38	-17	10	-27	-19
Region O Totals	-73	-195	-93	84	-59	-67
Carteret*	-34	-25	-40	-72	-40	-42
Craven*	-35	-18	-15	-42	-33	-29
Duplin	-12	-8	-7	-20	6	-8
Greene	-9	-7	-2	0	8	-2
Jones	1	6	8	2	2	4
Lenoir	-44	-45	-47	-42	-53	-46
Onslow*	-18	-73	-103	-81	-77	-70
Pamlico	397	398	401	294	3	298
Wayne *	-28	4	3	-30	32	-5
Region P Totals	285	302	273	65	-74	170
Beaufort	12	11	8	-16	18	4
Bertie	18	17	10	12	19	15
Hertford	10	13	-7	-8	-3	1
Martin	9	25	23	23	19	20
Pitt	-25	-18	-49	-89	-93	-55
Region Q Totals	18	40	-46	-100	-98	-37
Camden	4	6	-2	4	-5	0
Chowan	8	14	14	16	10	13
Currituck	0	3	-9	-14	8	-6
Dare	-3	5	-12	-6	12	-3
Gates	8	14	11	8	-2	8
Hyde	5	8	10	9	6	8
Pasquotank	20	31	25	12	-3	17
Perquimans	6	9	9	7	0	6
Tyrrell	4	5	7	6	7	6
Washington	12	21	23	25	19	20
Region R Totals	60	100	70	49	32	62

* Adjustments for "Active Duty Military Personnel" have been applied to the "Age 18-64" population for these counties

Use Rate/1000 Population for 2006 and Average Annual Rate of Change in Use Rate/1000 for 2004-2006 by Age. (Use rate = number patients/(pop/1000). Prepared for North Carolina State Health Coordinating Council Home Health Task Force meeting of March 24, 2008.

COUNTY	Age <18 Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*	Age 18- 64 Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*	Age 65- 74 Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*	Age 75+ Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*
Cherokee	2.30	18%	6.05	-28%	26.07	-27%	97.79	-23%
Clay	3.41	217%	17.25	82%	88.04	41%	259.32	54%
Graham	4.54	-1%	11.13	-13%	53.36	-1%	134.91	-5%
Haywood	5.10	4%	8.95	3%	45.44	5%	108.08	-1%
Jackson	4.64	25%	5.08	6%	31.83	-1%	105.26	-5%
Macon	4.36	42%	8.42	8%	42.15	4%	112.48	2%
Swain	7.60	17%	9.07	-9%	61.54	9%	144.72	-10%
Region A Totals	4.60	12%	8.15	-1%	43.51	1%	121.41	-3%
Buncombe	7.67	31%	9.98	7%	56.32	1%	142.11	2%
Henderson	5.14	13%	10.91	16%	42.47	-2%	119.58	8%
Madison	5.79	35%	9.43	8%	60.35	-7%	178.08	2%
Transylvania	5.72	35%	8.65	5%	50.00	9%	150.99	10%
Region B Totals	6.75	25%	10.08	9%	51.38	0%	137.19	4%
Cleveland	5.29	-18%	14.92	2%	78.62	8%	207.81	11%
McDowell	4.71	25%	16.06	21%	71.17	15%	147.12	11%
Polk	2.15	-4%	8.36	-6%	46.06	25%	84.51	1%
Rutherford	2.61	-13%	15.78	10%	69.92	3%	161.07	11%
Region C Totals	4.21	-12%	14.86	7%	70.96	8%	164.89	10%
Alleghany	0.95	-39%	8.21	6%	40.85	4%	102.59	3%
Ashe	2.81	17%	7.68	-1%	42.32	3%	108.54	-8%
Avery	1.85	15%	10.73	6%	59.95	2%	168.83	-4%
Mitchell	7.61	46%	11.04	11%	51.75	-5%	156.51	1%
Watauga	1.40	10%	4.62	-8%	39.35	-8%	131.23	-2%
Wilkes	1.53	-25%	12.28	-3%	61.34	0%	181.53	4%
Yancey	5.84	8%	9.43	8%	43.76	3%	140.74	4%
Region D Totals	2.58	-3%	9.13	-1%	50.55	-1%	148.41	0%
Alexander	6.56	28%	10.70	14%	54.59	2%	155.73	3%
Burke	2.42	7%	12.21	13%	71.33	14%	187.79	17%
Caldwell	4.69	11%	12.59	11%	67.76	7%	172.90	2%
Catawba	4.21	9%	11.99	22%	66.88	6%	165.56	9%
Region E Totals	4.12	13%	12.04	16%	66.98	8%	172.26	8%
Anson	3.75	-7%	14.13	2%	77.37	4%	199.12	11%
Cabarrus	2.48	-5%	7.73	9%	65.31	-8%	177.50	-4%
Gaston	9.01	40%	15.28	1%	86.26	1%	221.69	5%
Iredell	3.80	9%	11.06	12%	65.30	11%	198.65	8%
Lincoln	2.56	8%	11.62	21%	73.22	14%	222.68	13%
Mecklenburg	4.02	2%	7.31	0%	62.70	3%	158.59	3%
Rowan	4.62	2%	12.41	6%	83.03	7%	193.27	8%
Stanly	5.31	7%	10.37	3%	64.17	-1%	146.49	5%
Union	2.49	-12%	5.74	-10%	48.98	-3%	144.89	9%
Region F Totals	4.24	5%	9.10	0%	67.95	2%	178.59	3%
Alamance	1.53	-5%	8.62	4%	65.91	13%	151.59	7%
Caswell	1.72	-30%	9.23	-13%	57.06	6%	121.74	-21%
Davidson	3.53	18%	10.15	6%	56.97	10%	153.96	7%
Guilford	5.30	-3%	9.60	10%	62.22	5%	153.20	3%
Montgomery	3.56	6%	11.75	9%	61.60	18%	158.90	0%
Randolph	5.73	26%	8.83	5%	52.01	-3%	145.26	0%
Rockingham	2.07	-16%	12.99	10%	65.68	1%	155.89	0%
Region G Totals	4.18	2%	9.79	7%	60.66	5%	151.84	3%
Dave	4.25	41%	9.86	4%	57.98	-4%	188.45	2%
Forsyth	5.32	11%	11.10	10%	66.12	6%	172.77	0%
Stokes	5.04	19%	11.38	22%	69.63	20%	189.43	14%
Surry	4.63	18%	13.71	7%	71.84	8%	192.30	3%
Yadkin	8.69	36%	14.14	17%	71.57	15%	181.17	23%
Region H Totals	5.36	7%	11.60	10%	67.11	7%	179.17	3%
Chatham	0.79	17%	5.41	-13%	37.17	-12%	117.59	4%
Durham	3.02	1%	7.86	5%	63.78	2%	152.53	6%
Johnston	1.58	-6%	9.14	5%	60.45	-4%	156.74	1%
Lee	1.14	9%	8.55	3%	53.88	1%	138.60	14%
Wake	3.35	11%	10.36	3%	45.70	6%	104.05	-1%
Orange	1.35	14%	5.08	0%	48.81	-8%	145.11	3%
Wake	0.83	-4%	5.66	5%	58.73	1%	139.15	7%
Region I Totals	1.42	-2%	6.63	3%	55.91	-2%	160.97	5%

Use Rate/1000 Population for 2006 and Average Annual Rate of Change in Use Rate/1000 for 2004-2006 by Age. (Use rate = number patients/(pop/1000). Prepared for North Carolina State Health Coordinating Council Home Health Task Force meeting of March 24, 2008.

COUNTY	Age < 18		Age 18-64		Age 65-74		Age 75+	
	Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*	Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*	Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*	Use Rate for 2006	2004-2006 Average Annual Rate of Change in Use Rates per 1000*
Franklin	3.51	14%	11.50	4%	87.02	10%	212.32	7%
Granville	1.20	-11%	7.68	4%	55.05	8%	139.54	0%
Person	4.14	3%	9.77	4%	50.67	1%	149.15	5%
Vance	2.35	2%	13.42	19%	77.39	22%	132.10	11%
Warren	1.85	19%	12.16	13%	59.02	17%	193.89	19%
Region K Totals	2.65	4%	10.62	6%	66.68	11%	163.38	7%
Edgecombe	2.69	-1%	13.93	5%	75.96	-1%	166.35	-3%
Halifax	1.92	1%	12.07	-7%	66.51	-8%	166.18	11%
Nash	1.93	-8%	10.22	14%	64.94	4%	155.27	6%
Northampton	1.46	-11%	12.83	-7%	66.46	1%	151.74	0%
Wilson	2.35	1%	14.24	7%	71.47	-1%	179.37	3%
Region L Totals	2.15	-3%	12.43	4%	68.94	-1%	164.96	4%
Cumberland*	5.25	-1%	12.55	19%	67.99	7%	150.00	8%
Harnett*	1.35	-10%	10.03	0%	61.06	-5%	173.56	1%
Sampson	5.14	4%	12.84	7%	73.68	-2%	165.77	5%
Region M Totals	4.39	-1%	11.99	12%	67.38	2%	158.66	5%
Bladen	4.75	23%	16.45	-1%	67.54	-7%	176.14	0%
Hoke*	3.35	3%	13.02	9%	110.25	8%	316.98	13%
Richmond	3.99	0%	14.15	1%	80.35	-2%	167.68	-2%
Robeson	5.00	-6%	19.73	-1%	100.53	-3%	209.82	2%
Scotland	6.80	42%	21.63	31%	94.12	-14%	229.59	-1%
Region N Totals	4.78	2%	17.75	3%	91.86	-4%	208.03	1%
Brunswick	3.01	-4%	13.29	-3%	57.90	0%	169.76	6%
Columbus	4.47	15%	28.61	10%	133.73	2%	296.22	4%
New Hanover	3.27	3%	9.71	4%	62.89	1%	181.80	5%
Pender	3.15	10%	13.25	12%	63.64	1%	153.13	-3%
Region O Totals	3.40	4%	13.60	4%	70.70	1%	191.37	4%
Carteret*	1.46	-2%	10.32	3%	50.58	1%	131.88	0%
Craven*	0.89	-9%	10.63	-4%	46.37	-7%	118.40	-7%
Duplin	3.49	11%	11.81	6%	82.62	1%	205.02	3%
Greene	0.77	23%	8.79	1%	52.51	-9%	138.60	-8%
Jones	0.84	-16%	10.35	4%	69.79	17%	136.36	-1%
Lenoir	2.41	9%	12.32	1%	63.12	0%	186.37	3%
Onslow*	2.09	7%	8.82	-1%	65.41	-2%	160.07	-6%
Pamlico	0.41	24%	8.91	32%	34.67	2%	120.89	8%
Wayne*	3.34	-9%	9.94	0%	71.35	1%	188.96	6%
Region P Totals	2.18	-6%	10.20	-1%	60.47	-1%	157.53	-1%
Beaufort	2.33	-11%	11.92	-2%	57.10	-3%	149.90	-3%
Bertie	1.53	-15%	16.13	11%	82.32	6%	169.05	7%
Hertford	1.48	-21%	14.14	-2%	77.78	3%	183.46	4%
Martin	6.90	9%	15.40	7%	76.07	-6%	220.56	1%
Pitt	2.65	7%	8.23	0%	75.07	3%	163.48	-3%
Region Q Totals	2.81	0%	10.56	1%	71.78	1%	170.19	-1%
Camden	3.24	87%	10.69	25%	28.23	-20%	80.65	-9%
Chowan	1.54	1%	7.53	9%	30.88	-6%	95.90	2%
Cumtuck	1.46	30%	9.17	-2%	44.43	-4%	128.98	9%
Dare	1.42	-7%	7.48	10%	29.19	-10%	93.29	-3%
Gates	3.55	28%	12.02	8%	68.08	18%	143.59	1%
Hyde	0.97	2%	4.75	-12%	46.91	-4%	95.13	16%
Pasquotank	2.05	25%	8.38	-1%	31.77	-16%	92.66	-9%
Perquimans	1.96	-30%	7.45	-2%	36.93	-3%	93.94	8%
Tyrrell	4.73	152%	6.90	0%	73.65	14%	151.52	3%
Washington	3.98	5%	13.06	10%	53.17	4%	135.76	-2%
Region R Totals	2.17	0%	8.73	4%	38.71	-6%	105.43	-4%
NC Totals	3.55	3%	10.03	4%	62.96	1%	163.13	3%

* Adjustments for "Active Duty Military Personnel" have been applied to the "Age 18-64" population projections for these counties

**Home Health Agencies/Offices Reporting Serving Patients by Council of Governments Region and County and
Number per 10,000 Population. Prepared for the North Carolina State Health Coordinating Council Home Health
Task Force Meeting of March 24, 2008.**

ATTACHMENT E

COG	County/State	2006 Pop Less Military**	Number Home Health Agencies / Offices in County Reporting Serving Patients*	Number of Agencies / Offices per 10,000 Population	Number Home Health Agencies / Offices Reporting Serving Patients*	Number of Agencies / Offices per 10,000 Population
A	CHEROKEE	26,727	1	0.37	3	1.12
A	CLAY	10,116	2	1.98	2	1.98
A	GRAHAM***	8,106	1	1.23	2	2.47
A	HAYWOOD	56,664	2	0.35	5	0.88
A	JACKSON	36,312	1	0.28	3	0.83
A	MACON	33,078	1	0.30	4	1.21
A	SWAIN	13,940	1	0.72	4	2.87
B	BUNCOMBE	221,327	2	0.09	7	0.32
B	HENDERSON	100,106	3	0.30	7	0.70
B	MADISON	20,449	1	0.49	5	2.45
B	TRANSYLVANIA	30,354	1	0.33	5	1.65
C	CLEVELAND	96,720	2	0.21	12	1.24
C	MCDOWELL	43,636	1	0.23	4	0.92
C	POLK	19,088	1	0.52	5	2.62
C	RUTHERFORD	63,177	2	0.32	5	0.79
D	ALLEGHANY	11,000	1	0.91	4	3.64
D	ASHE	25,778	1	0.39	3	1.16
D	AVERY	18,174	1	0.55	2	1.10
D	MITCHELL	15,894	1	0.63	1	0.63
D	WATAUGA	43,406	2	0.46	5	1.15
D	WILKES	66,924	2	0.30	8	1.20
D	YANCEY	18,368	1	0.54	3	1.63
E	ALEXANDER	36,296	1	0.28	11	3.03
E	BURKE	88,664	1	0.11	9	1.02
E	CALDWELL	79,297	1	0.13	9	1.13
E	CATAWBA	151,126	5	0.33	13	0.86
F	ANSON	25,372	1	0.39	8	3.15
F	CABARRUS	157,176	2	0.13	15	0.95
F	GASTON	197,232	5	0.25	14	0.71
F	IREDELL	145,232	4	0.28	16	1.10
F	LINCOLN	71,298	2	0.28	17	2.38
F	MECKLENBURG	826,897	8	0.10	17	0.21
F	ROWAN	134,538	5	0.37	18	1.34
F	STANLY	59,126	2	0.34	12	2.03
F	UNION	172,094	2	0.12	11	0.64
G	ALAMANCE	139,786	3	0.21	22	1.57
G	CASWELL	23,541	1	0.42	8	3.40
G	DAVIDSON	155,343	6	0.39	28	1.80
G	GUILFORD	449,071	8	0.18	27	0.60
G	MONTGOMERY	27,505	1	0.36	11	4.00
G	RANDOLPH	138,582	4	0.29	20	1.44
G	ROCKINGHAM	91,840	1	0.11	11	1.20
I	DAVIE	39,838	1	0.25	15	3.77
I	FORSYTH	331,851	9	0.27	21	0.63
I	STOKES	46,334	2	0.43	11	2.37
I	SURRY	73,000	2	0.27	12	1.64
I	YADKIN	37,810	1	0.26	15	3.97
J	CHATHAM	57,708	2	0.35	17	2.95
J	DURHAM	246,825	5	0.20	22	0.89
J	JOHNSTON	151,589	2	0.13	21	1.39
J	LEE	55,282	1	0.18	8	1.45
J	MOORE**	81,738	2	0.24	15	1.84
J	ORANGE	123,762	2	0.16	23	1.86
J	WAKE**	789,305	11	0.14	24	0.30
K	FRANKLIN	55,316	2	0.36	18	3.25
K	GRANVILLE***	53,837	1	0.19	14	2.60
K	PERSON	37,440	2	0.53	7	1.87
K	VANCE	43,925	1	0.23	8	1.82
K	WARREN	19,959	1	0.50	7	3.51
L	EDGECOMBE	52,641	1	0.19	7	1.33
L	HALIFAX	55,601	1	0.18	5	0.90
L	NASH	92,223	2	0.22	8	0.87
L	NORTHAMPTON	21,522	1	0.46	4	1.86
L	WILSON	77,472	2	0.26	11	1.42

M	CUMBERLAND**	269,968	4	0.15	13	0.48
M	HARNETT**	101,300	2	0.20	21	2.07
M	SAMPSON	64,048	2	0.31	13	2.03
N	BLADEN	32,872	2	0.61	13	3.95
N	HOKE**	40,708	1	0.25	9	2.21
N	RICHMOND	46,699	1	0.21	7	1.50
N	ROBESON	129,054	5	0.39	13	1.01
N	SCOTLAND	36,993	1	0.27	8	2.16
O	BRUNSWICK	94,964	2	0.21	5	0.53
O	COLUMBUS	54,666	2	0.37	8	1.46
O	NEW HANOVER	184,116	2	0.11	6	0.33
O	PENDER	48,726	2	0.41	11	2.26
P	CARTERET**	62,854	3	0.48	8	1.27
P	CRAVEN**	88,469	2	0.23	16	1.81
P	DUPLIN	52,708	1	0.19	15	2.85
P	GREENE	20,839	1	0.48	9	4.32
P	JONES	10,318	2	1.94	9	8.72
P	LENOIR	58,170	3	0.52	16	2.75
P	ONSLOW**	128,840	3	0.23	16	1.24
P	PAMLICO***	13,097	1	0.76	4	3.05
P	WAYNE**	111,433	2	0.18	14	1.26
Q	BEAUFORT	46,344	2	0.43	9	1.94
Q	BERTIE	19,352	2	1.03	6	3.10
Q	HERTFORD	23,901	1	0.42	4	1.67
Q	MARTIN	24,396	1	0.41	6	2.46
Q	PITT	146,398	3	0.20	12	0.82
R	CAMDEN	9,298	1	1.08	2	2.15
R	CHOWAN	14,677	1	0.68	6	4.09
R	CURRITUCK	23,580	1	0.42	2	0.85
R	DARE	34,730	1	0.29	3	0.86
R	GATES	11,563	1	0.86	4	3.46
R	HYDE	5,511	1	1.81	2	3.63
R	PASQUOTANK	39,968	2	0.50	2	0.50
R	PERQUIMANS	12,464	1	0.80	2	1.60
R	TYRRELL	4,248	1	2.35	2	4.71
R	WASHINGTON	13,364	1	0.75	7	5.24
Z	NORTH CAROLINA	8,774,984	212	0.24	992	1.13

*Source: 2008 State Medical Facilities Plan

** County population adjusted for military personnel

***Agency/Office closed or relocated to another county.

LINCOLN	71,298	2	0.28	17	2.38
SURRY	73,000	2	0.27	12	1.64
WILSON	77,472	2	0.26	11	1.42
CALDWELL	79,297	1	0.13	9	1.13
MOORE**	81,738	2	0.24	15	1.84
CRAVEN**	88,469	2	0.23	16	1.81
BURKE	88,664	1	0.11	9	1.02
ROCKINGHAM	91,840	1	0.11	11	1.20
NASH	92,223	2	0.22	8	0.87
BRUNSWICK	94,964	2	0.21	5	0.53
CLEVELAND	96,720	2	0.21	12	1.24
HENDERSON	100,106	3	0.30	7	0.70
HARNETT**	101,300	2	0.20	21	2.07
WAYNE**	111,433	2	0.18	14	1.26
ORANGE	123,762	2	0.16	23	1.86
ONslow**	128,840	3	0.23	16	1.24
ROBESON	129,054	5	0.39	13	1.01
ROWAN	134,538	5	0.37	18	1.34
RANDOLPH	138,582	4	0.29	20	1.44
ALAMANCE	139,786	3	0.21	22	1.57
IREDELL	145,232	4	0.28	16	1.10
PITT	146,398	3	0.20	12	0.82
CATAWBA	151,126	5	0.33	13	0.86
JOHNSTON	151,589	2	0.13	21	1.39
DAVIDSON	155,343	6	0.39	28	1.80
CABARRUS	157,176	2	0.13	15	0.95
UNION	172,094	2	0.12	11	0.64
NEW HANOVER	184,116	2	0.11	6	0.33
GASTON	197,232	5	0.25	14	0.71
BUNCOMBE	221,327	2	0.09	7	0.32
DURHAM	246,825	5	0.20	22	0.89
CUMBERLAND**	269,968	4	0.15	13	0.48
FORSYTH	331,851	9	0.27	21	0.63
GUILFORD	449,071	8	0.18	27	0.60
WAKE**	789,305	11	0.14	24	0.30
MECKLENBURG	826,897	8	0.10	17	0.21
NORTH CAROLINA	8,774,984	212	0.24	992	1.13

*Source: 2008 State Medical Facilities Plan

** County population adjusted for military personnel

***Agency/Office closed or relocated to another county

Home Health Agencies/Offices by Council of Governments Region and
Number per 10,000 Population. Prepared for the North Carolina State
Health Coordinating Council Home Health Task Force Meeting of March
24, 2008.

ATTACHMENT G

Council of Governments Region (COG)	2008 Projected Population of COG Regions*	Number Home Health Agencies / Offices 2008 **	Number of Agencies / Offices per 10,000 Population
A	190,130	8	0.42
B	385,864	7	0.18
C	224,009	6	0.27
D	201,951	9	0.45
E	362,383	8	0.22
F	1,899,645	31	0.16
G	1,050,212	23	0.22
I	544,068	15	0.28
J	1,599,664	25	0.16
K	215,743	8	0.37
L	301,326	7	0.23
M	443,592	8	0.18
N	293,268	10	0.34
O	405,143	8	0.20
P	556,850	17	0.31
Q	266,401	9	0.34
R	175,545	11	0.63
State	9,115,794	210	0.23

*Derived from county population projections from North Carolina
Office of State Budget and Management. Excludes active duty
military population for any county with more than 500 active duty
military personnel per the 2000 Census.

** Derived from DHSR Licensure/Certification information.

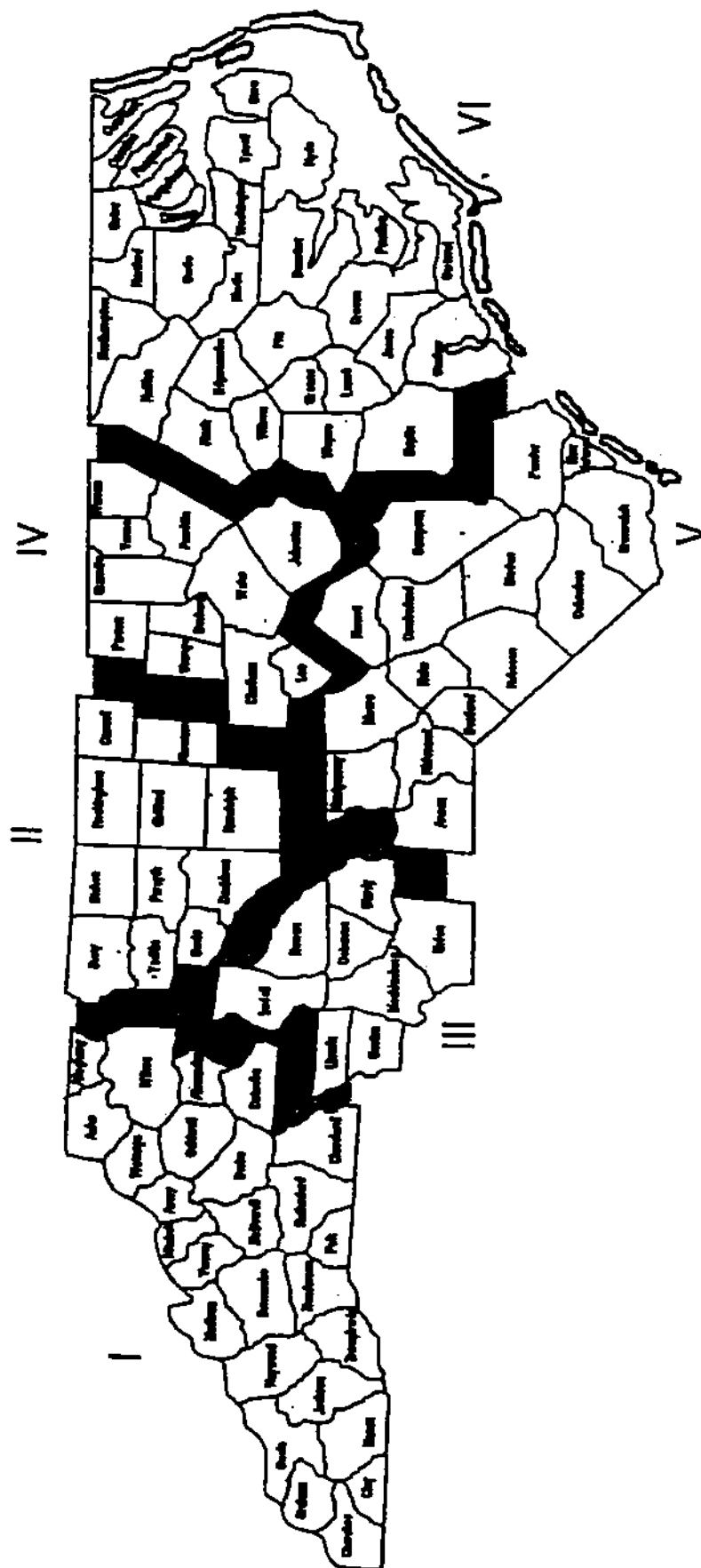
Home Health Agencies/Offices by Health Service Area (map attached) and Number per 10,000 Population. Prepared for the North Carolina State Health Coordinating Council Home Health Task Force Meeting of March 24, 2008.

Health Service Area	Projected Population of HSA Regions*	Number Home Health Agencies / Offices 2008 **	Number of Agencies / Offices per 10,000 Population
1	1,364,337	38	0.28
2	1,566,380	37	0.24
3	1,874,751	30	0.16
4	1,730,541	31	0.18
5	1,279,663	22	0.17
6	1,300,122	52	0.40
State	9,115,794	210	0.23

*Derived from county population projections from North Carolina Office of State Budget and Management. Excludes active duty military population for any county with more than 500 active duty military personnel per the 2000 Census.

** Derived from DHSR Licensure/Certification information.

Appendix A: North Carolina Counties by Health Service Areas



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only

License # _____

Computer: _____

PC _____ Date _____

ATTACHMENT I

Total License Fee: _____

2008
LICENSE APPLICATION FOR
HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: _____

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As _____

(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: _____

Agency Mailing Address: (If materials are to be mailed to another address list here)

Street/P.O. Box: _____

City: _____, State: _____ Zip: _____

Agency Site Address:

Street: _____

City: _____, State: _____ Zip: _____

County: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail:(if applicable) _____

Web Site :(if applicable) _____

Administrator/Director: _____

Title: _____

Name of the person to contact for any questions regarding this form:

Name: _____ **Telephone:** _____

E-Mail: _____

Licensure Categories Licensed For:(Check All That Apply)

1. ☐ Home Care Agency (G.S. 131E-138)

2. ☐ Nursing Pool (G.S. 131E-154.3)

3. ☐ Hospice Services (G.S. 131E-200)

Scope of Services:

DFS licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. **YOU MAY NOT ADD SERVICES ON THIS APPLICATION.** Below are the services you are currently licensed to provide:

- 1) Under this home care license number, are you directly providing HME/DME? _____ Yes _____ No
- 2) Do you also have a medical equipment permit issued by the NC Board of Pharmacy? _____ Yes _____ No

If "yes," please provide the permit number: _____

Hours:

Indicate the hours that the agency is regularly open for business each day:

[Example: 9 am - 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Nursing:

Full-time Equivalents (FTE)

Number:	R.N.	L.P.N.	Aides

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, **attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months.** Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date
	JCAHO (Joint Commission on Accreditation for Healthcare Organizations)	
	CHAP (Community Home Association Program)	
	ACHC (Accreditation Commission for Home Care, Inc.)	
	Other:	

1. If Medicare Certified Home Health, what is your provider number? _____

2. This agency is a Home Health Agency. ☐ Yes ☐ No.

If 'Yes', please check one: Parent ☐ Branch ☐ Sub-unit ☐

1. If Medicare certified, what is your hospice provider number? _____
2. For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number.

3. Has this site been issued a Certificate of Need to provide hospice services? _____ Yes _____ No.
4. Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility.

All nursing pool applicants must attach a copy of the agency's current general and professional liability insurance policy (binder acceptable). The document must show that the applicant is insured against loss, damage, and expense related to a death or injury claim resulting from negligence or malpractice in the provision of health care by the nursing pool and its employees.

1. What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered.

Federal Tax ID No.: _____
Street/Box: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: (____) _____ **Fax:** (____) _____
Senior Officer: _____

- a. Legal entity is: X For Profit Not For Profit
b. Legal entity is Corporation Limited Liability Partnership
 Proprietorship Limited Liability Government Unit
 Partnership

Corporation:

a. What is the exact wording of the corporate name on file with the NC Secretary of State?

b. In what state was the corporation originally established? _____

c. Address and Telephone number of the corporation:

d. List names and addresses of ALL officers and any other persons with a controlling interest of 5% or more.

Name	Title	Percent of Stock

(Attach additional sheets as needed)

Government Unit:a. Name of the governmental unit that has the **ownership responsibility and liability** for the services offered:

b. Title of the official in charge of the governmental unit: _____

c. Check which best describes the type of governmental unit:

City _____ County _____ State _____ Authority _____ Health Dept _____ DSS _____

Other (Please specify): _____

Multiple Facilities:

a. Is this facility part of a multiple facility/agency system in North Carolina? ____ Yes ____ No

(A multiple facility system is defined as two or more facilities under the same management or ownership).

b. If 'Yes' above, are medical records in a centralized location? ____ Yes ____ No

c. If 'Yes', please specify location.

Name	Location	License #

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #

(Attach additional sheets as needed)

e. Is your agency owned, in whole or in part, or operated by a hospital? ____ Yes ____ No

f. If 'Yes', please specify the name of entity: _____

g. Is your agency managed by another entity? ____ Yes ____ No

h. If 'Yes', please specify the name of entity: _____

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

Study Regarding In-home Aides and Listing on the N.C. Nurse Aide Registry

On behalf of the North Carolina Medical Care Commission, the Division of Health Service Regulation is conducting a study concerning nurse aides working for home care agencies. A home care licensure rule (10A NCAC 13J .1107(b) – listed below in *italics* for your reference) that went into effect October 1, 2007 changed the date from when nurse aides that provide extensive assistance to clients are to be listed on the North Carolina Nurse Aide Registry (NCNAR). The new date for compliance with this rule was changed to April 1, 2008. *Please note that home care agencies participating in the Home and Community Care Block Grant or Social Services Block Grant through the Division of Aging and Adult Services are exempt from this new requirement since they are required to comply with in-home aide service level rules contained in 10A NCAC 06A and 10A NCAC 06X.

10A NCAC 13J .1107 In-home Aide Services

(b) If the client's plan of care requires the in-home aide to provide extensive assistance to a client who is totally dependent in the activity or requires substantial hands on care and physical support, including more than guided maneuvering of limbs or weight bearing assistance, the in-home aide shall be listed on the Nurse Aide Registry pursuant to G.S. 131E-255. However, if the client's plan of care requires the in-home aide to provide only limited assistance to the client which includes hands-on care involving guided maneuvering of limbs with eating, toileting, bathing, dressing, personal hygiene, self monitoring of medications or other non weight bearing assistance, the in-home aide shall not be required to be listed on the Nurse Aide Registry. Agencies shall be in compliance with this Rule not later than April 1, 2008.

Specifically, we would like to know the following:

How many nurse aides does your agency currently employ that are NOT listed on the NCNAR and are providing extensive assistance to clients and will therefore need to take and pass nurse aide competency testing in order to be listed on the NCNAR by April 1, 2008? ____

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2008 home care agency license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2008 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: _____ Date: _____

PRINT NAME

OF APPROVING OFFICIAL _____

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a home care agency license.

NOTICE

NEW REQUIREMENT FOR REPORTING TO THE HEALTH CARE PERSONNEL REGISTRY SECTION

The General Assembly has enacted changes to the Health Care Personnel Registry law (NC §131E-256) that will take effect on January 1, 2008. These changes, which modify the definitions of "Health Care Personnel and Health Care Facilities", will require you, as a licensed provider or a provider that has been added under the new definition of Health Care Facilities, to report allegations against other employees as are currently required for unlicensed direct care employees. The requirements and process for reporting allegations, investigating these allegations and accessing the Health Care Personnel Registry prior to hiring have not changed. Health Care Personnel and Health Care Facilities are now defined as:

Health Care Personnel

"any unlicensed staff of a health care facility that has direct access to residents, clients, or their property. Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided."

Health Care Facilities

- (1) Adult Care Homes as defined in G.S. 131D-2.**
- (2) Hospitals as defined in G.S. 131E-76.**
- (3) Home Care Agencies as defined in G.S. 131E-136.**
- (4) Nursing Pools as defined by G.S. 131E-154.2.**
- (5) Hospices as defined by G.S. 131E-201.**
- (6) Nursing Facilities as defined by G.S. 131E-255.**
- (7) State-Operated Facilities as defined in G.S. 122C-3(14)f.**
- (8) Residential Facilities as defined in G.S. 122C-3(14)e.**
- (9) 24-Hour Facilities as defined in G.S. 122C-3(14)g.**
- (10) Licensable Facilities as defined in G.S. 122C-3(14)b.**
- (11) Multiunit Assisted Housing with Services as defined in G.S. 131D-2.**
- (12) Community-Based Providers of Services for the Mentally Ill, the Developmentally Disabled, and Substance Abusers that are not required to be licensed under Article 2 of Chapter 122C of the General Statutes.**
- (13) Agencies providing in-home aide services funded through the Home and Community Care Block Grant Program in accordance with G.S. 143B-181.1(a)11.**

For Health Care Facilities that are currently covered by the law, allegations against these additional employee types should only be reported to the Health Care Personnel Registry Section on or after January, 1, 2008, and only for allegations that happen on or after January, 1, 2008. You should continue to report allegations against unlicensed direct care staff, as this requirement has not changed.

For those providers who will be added to the law on January 1, 2008, you should begin reporting allegations for all employees covered by the definition that are received on or after January 1, 2008.

Please take some time to review the new definitions and identify those employee categories that will be subject to this reporting requirement. We will be making changes to our Health Care Personnel Registry Section Handbook and reporting forms. They will be available on our web site www.ncnar.org later this fall. Please check the web site after December 1, 2007 for these updates.

Staff Turnover Rate Information for Home Care Agencies - Questions about this form: Call Jan Moxley (919) 855-4429

Please complete the following information regarding aide (e.g., nurse aides, personal care aides and/or home management aides) turnover rates. This information is being requested to enable the Division of Health Service Regulation and the Department of Health and Human Services (DHHS) to track turnover rates in nursing homes, adult care homes and home care agencies. The information you provide by answering questions below will be compiled and aggregated with other responses by type (i.e., nursing homes, adult care homes, home care agencies). Collection and analysis of data on an annual basis helps measure the size and stability of this workforce over time. **This information is not filed as a part of your renewal application.**

1. Licensed as: _____ Home Care Agency _____ **Check here if also home health certified**
 2. Are you an NC NOVA (New Organizational Vision Award) Special License recipient? _____ Yes _____ No

For information about NC NOVA go to: www.ncnova.org

For the period October 1, 2006 through September 30, 2007:

(IF NONE WRITE "0")

	Full Time	Part Time
3. How many aides at your agency QUIT their jobs?		
4. How many aides at your agency were FIRED or terminated?		
5. How many NEW aides were hired?		
6. How many aide positions are currently budgeted?		
7. How many aides were on your payroll on September 30, 2007?		

8. Do you feel that you have an *Aide Turnover Problem*?

No problem

Yes, it's a mild problem

Yes, it's a substantial problem

Circle one response for each question below:

	Almost Impossible	Very Difficult	Slightly Difficult	Not Difficult
9. How difficult has it been to find enough aides to fill vacant positions?	1	2	3	4
10. How difficult has it been for your agency to retain aides?	1	2	3	4

About your leadership positions.....

11. In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTOR begin working in that position?	MONTH	YEAR
12. Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1 REGULAR PERMANENT	2: INTERIM TEMPORARY
13. If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year, please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2006? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	0 1 2 3 4 OR MORE	
14. In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVISOR begin working in that position?	MONTH	YEAR
15. Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ permanent basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1 REGULAR / PERMANENT	2: INTERIM TEMPORARY
16. If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year, then please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2006? (DO NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)	0 1 2 3 4 OR MORE	

See next page for statewide turnover survey results from previous years

Results of Direct Care Worker Turnover Data Collected in Prior Years

Turnover Rates	2000	2001	2002	2003	2004	2005	2006
Nursing Facilities	103%	103%	95%	105%	107%	117%	111%
Adult Care Homes	119%	113%	115%	109%	107%	111%	117%
Home Care Agencies	53%	50%	37%	49%	41%	46%	50%

Results of Administrator and Clinical Manager Turnover Data Collected

Administrator Turnover Rates	2005			2006		
	Low	Med	High	Low	Med	High
Nursing Facilities	71%	19%	10%	73%	21%	7%
Adult Care Homes	77%	21%	3%	81%	12%	6%
Home Care Agencies	81%	18%	1%	87%	12%	1%

Clinical Manager Turnover Rates	2005			2006		
	Low	Med	High	Low	Med	High
Nursing Facilities	61%	27%	12%	58%	27%	15%
Adult Care Homes	67%	25%	8%	70%	21%	9%
Home Care Agencies	69%	26%	5%	73%	19%	8%

The following definitions are used to describe turnover levels for administrators and clinical managers:

Low turnover: Only one incumbent in the management position during the reporting period

Medium turnover: Two incumbents in the management position during the last year

High turnover: Three or more incumbents in the management position during the last year.

Administrators are defined as "administrators" of nursing homes and "administrators or executive directors of adult care homes and home care agencies. Clinical managers are defined as directors of nursing in nursing homes, as resident care directors in adult care homes, and as clinical managers or nurse supervisors in home care and home health care agencies.

For instructions on how to calculate the turnover rate for your facility/agency go to:
www.aging.unc.edu/research/winastepup/ and click on link for turnover calculations.

To insure you can refer back to the information on the staff turnover form, **make a copy** prior to mailing the completed original to Division of Health Service Regulation.

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only

License # _____

Medicare #: _____

Computer: _____

PC _____

Date _____

HOME HEALTH AGENCY
2008 Annual Data Supplement to License Application
(Reporting 2007 Fiscal Year Data)

Includes Home Health and Home Care data to be reported by Medicare certified agencies.

A separate form to be completed for each site.

A. Identification:

License No: _____

Legal Identity of Applicant: _____

Agency d/b/a: _____

Agency Site Address: Street: _____

City: _____ State: _____ Zip: _____

County: _____

Agency E-Mail: _____

(If Applicable)

Agency Web Site: _____

(If Applicable)

Agency Phone #: (____) _____

Agency Fax: (____) _____

B. Reporting Period

Data is requested for the twelve-month period beginning on July, August, September or October 1, 2006, and ending after the twelve-month period, but no later than September 30, 2007. If your agency or facility was not open for this entire twelve-month period, please specify the time period covered in this report.

Your reporting period:

Starts _____, 2006 and Ends September 30, 2007 *

* Change date if different from September 30

AUTHENTICATING SIGNATURE: I certify the information submitted in this Data Supplement is accurate.

Typed Name: _____ Title: _____

Signature: _____ Date: _____

For questions regarding this page, call the Division of Facility Services Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency **regardless of payer source**.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report number of clients by **county of residence** for each age category shown. Use each client's age on the first day of services during the reporting period.
- **This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.**
- **Do not use other age groups**
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages	Total Visits by County

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by **county of residence** for each age category shown.
- Use each client's age on the first day of service during the reporting period. **This is an unduplicated count.**
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- **Do not report clients reported on the previous page.**
- **Do not use other age groups**

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- **Report data related to clients who are receiving PART-TIME INTERMITTENT HOME HEALTH * services through your Medicare certified agency regardless of payer source.**
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- **Do not provide data here related to clients on page 3 of this report.**

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare		
Medicare HMO		
Medicaid		
Medicaid HMO		
Private Insurance		
Private Insurance HMO		
Indigent Non-Pay		
Other (specify):		

*"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: *Month/Year* **To:** *Month/Year*

- | | | |
|--|---|----------------------|
| a. Number of Medicare episodes | = | <input type="text"/> |
| b. Average number of Medicare episodes per beneficiary | = | <input type="text"/> |
| c. Average number of Medicare Visits per episode (all disciplines) | = | <input type="text"/> |
| d. For Medicare – the percent of Lupas | = | <input type="text"/> |
| e. For Medicare – the percent of outliers | = | <input type="text"/> |

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving **part-time intermittent home health services** through your Medicare certified agency regardless of payer source. These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program.
FTE = $20/40 = 0.5$ FTE.

15 nurses work a combined total of 400 hours a week. FTE = $400/40 = 10$ FTE's

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. Do not include homemaker, sitter or In-Home Aide Level I (Home Management). If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

Total Visits are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which you bill. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450

Home Health Services Reporting

F. Staff - Home Health (continued)

2007 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator					
Nurse Director/Supervisors					
Other Administrative Staff					
Nursing (RN, LPN)					
Occupational Therapy					
Physical Therapy					
Speech Therapy					
Social Worker					
Home Health Aide					
Nutrition					
Totals					

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-Certified / non part-time intermittent home health).

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2007 Home Care Staffing Data

Staff Discipline	Total Staff	Total Clients (12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff		
Nursing (RN, LPN)		
Occupational Therapist		
Physical Therapist		
Physical Therapy Assistant		
Speech Therapist		
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total		